



APPLICATION FOR NUTRIENT MANAGEMENT CERTIFICATION

Mail To:

Department of Conservation & Recreation
Division of Soil & Water Conservation
P. O. Box 1425
Tappahannock, VA 22560
Phone: (804) 443-6752
FAX: (804) 443-4534

Application Fee \$100.00

Enclose check or money order **Payable** to “*Treasurer of Virginia*”

For Agency Use Only

Date App. Rec'd _____
Check Number _____
Check Date _____
DCR Receipt _____
DCR Date _____
Exam Date _____

1. APPLICANT

SS #: _____

Name: _____

Address: _____ Phone #: _____

City

State

Zip

2. EMPLOYMENT/BUSINESS INFORMATION**a. Present Employment**

Agency or Business Name: _____ Employment Date: _____

Address: _____

City

State

Zip

Phone #: _____ Mobile #: _____

Position Held: _____ Supervisor: _____

Duties: _____

Nature of work (check as many as apply:) ☐ Sales, ☐ Application or Permitting of: ☐ Fertilizer
☐ Biosolids ☐ Manure; ☐ Crop Consultant; ☐ Farming ☐ Government Agency: _____;
Other _____

b. Former Employment

Agency or Business Name: _____ Employment Dates: _____

Address: _____

City

State

Zip

Phone #: _____ Mobile #: _____

Position Held: _____ Supervisor: _____

Duties: _____

Nature of work (check as many as apply:) ☐ Sales, ☐ Application or Permitting of: ☐ Fertilizer
☐ Biosolids ☐ Manure; ☐ Crop Consultant; ☐ Farming ☐ Government Agency: _____;
Other _____

3. CERTIFICATION OPTIONS – See Explanation of Nutrient Management Related Education and Experience attachment when filling out the next three sections. Your application will be evaluated based on the Option you select.

☐ **Option 1. Applicant requires only to successfully pass the Virginia Nutrient Management Examination to meet CCA requirements only, and does not want to be a Certified Virginia Nutrient Management Planner.**

If you have selected Option 1 you will **not** be eligible for certification. You do not need to complete the rest of the form, sign here, and return to address on front of form.

Signature

Date

See Eligibility Requirements under §4 VAC 5-15-40 (attached) of the Nutrient Management Training and Certification Regulations when filling out the next two sections.

___ **Option 2. Applicant is applying to become a Certified Virginia Nutrient Management Planner.**

If you have selected Option 2, please complete the entire form.

___ **Option 3. Applicant holds a valid Nutrient Management Certificate from Maryland or Pennsylvania and is applying to become a Certified Virginia Nutrient Management Planner.**

If you have selected Option 3, please include a photocopy of your current certificate, skip Section 3 (Education) and Section 4 (Training Related to Nutrient Management.) You will need to complete Sections 5-7.

4. EDUCATION AND EXPERIENCE

a. College or University/City: _____
Years Completed: _____ Degree & Major Field of Study: _____
_____ Date Graduated: _____

College or University/City: _____
Years Completed: _____ Degree & Major Field of Study: _____
_____ Date Graduated: _____

<p>Please attach a photocopy of college transcripts if you are using your degree as criteria for eligibility determination. See Section 4 VAC 5-15-40.</p>

b. Training Related to Nutrient Management

Title: _____ Sponsor: _____
Location: _____ Date(s): _____
Total Hours of Instruction: _____

Title: _____ Sponsor: _____
Location: _____ Date(s): _____
Total Hours of Instruction: _____

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Location: _____ Date(s): _____
Total Hours of Instruction: _____

c. **Additional Nutrient Management Experience**

Experience

Agency or Business Name: _____ Phone #: _____
Address: _____

City

State

Zip

Position Held: _____ Supervisor: _____

Employed from: _____ to _____

Duties: _____

Agency or Business Name: _____ Phone #: _____

Address: _____

City

State

Zip

Position Held: _____ Supervisor: _____

Employed from: _____ to _____

Duties: _____

Use this space for any additional information that is related to Nutrient Management which may assist us
in determining your eligibility to become a certified planner. _____

5. Have you ever been convicted of a felony? ____ Yes ____ No
6. VERIFICATION OF NUTRIENT MANAGEMENT EXPERIENCE – See attached Employment Verification Form.
7. I hereby apply for nutrient management certification in accordance with the provisions of §10.1-104.2 of the Code of Virginia, agree to comply with the Nutrient Management Training and Certification regulations, and certify that the above information is true and accurate to the best of my knowledge.

Applicant's Signature Date

VERIFICATION OF NUTRIENT MANAGEMENT EXPERIENCE

The work experience of an applicant for nutrient management certification must be verified by a current or past employer as part of the application form. Complete this form even if you are self-employed.

EMPLOYMENT VERIFICATION

I certify that _____ is/was employed by
_____ and his/her duties are/were related to
(Name of business or agency)

nutrient management planning.

Position held: _____ From: _____ To: _____
month/year month/year

Supervisor (Please Print)

Supervisor Signature, Title

Phone #

Date

§ 4VAC5-15-40. Eligibility requirements.

A. Certification may be obtained by satisfying all of the following requirements for certification:

1. Satisfactorily completing and submitting to the department an application in the form required by the department, including a statement of any felony convictions. Such application shall be submitted to the department at least 30 days before the approved examination date set by the department. The application shall request information relating to the person's education, work experience, knowledge of nutrient management, and willingness to abide by the requirements of these regulations;

2. Supplying proof of meeting one of the following:

a. A copy of a college transcript indicating completion of a college degree with a major in an agriculturally related area, and one year of practical experience related to nutrient management planning acceptable to the department, or

b. A combination of education to include nutrient management related educational courses or training and a minimum of three years of practical experience related to nutrient management acceptable to the department;

3. Obtaining a passing score on each of the essential components of the nutrient management certification examination administered by the department; and

4. Submitting a \$100 certification fee by check or money order to the department.

B. Certificates shall be valid for two years and will expire on the last day of the expiration month. Certified nutrient management planners or applicants shall notify the department of any change in mailing address within 30 days of such change in address.

C. Individuals certified as nutrient management consultants by the State of Maryland or certified as nutrient management specialists by the Commonwealth of Pennsylvania will be eligible for certification in Virginia by complying with all requirements of these regulations except for subdivision A 2 of this section. These individuals may also substitute, for the requirements in 4VAC5-15-60 C, the attainment of a passing score on a Virginia specific examination component which shall include at a minimum the elements listed in 4VAC5-15-60 C 9 and C 10. The department, upon review, may accept or approve nutrient management certification programs of other states as satisfying partial requirements for certification.

Statutory Authority

§ 10.1-104.2 of the Code of Virginia.

Historical Notes

Derived from VR217-03-00 §4; eff. January 24, 1996.